Introduction

Across college campuses, sexual assault takes place at startling rates, making sexual assault a critical public health problem. Past research suggests that one fourth of women survive rape or attempted rape during their college careers. The repercussions of sexual assault have negative impacts on survivors’ mental health, physical health, academic performance, and interpersonal relationships (McMahon, 2010).

Schwartz and Dekesney’s peer-support model of sexual assault among male college students posits that many all-male college social groups support the sexual objectification of women, the glorification of male dominance, and the rejection of femininity (as cited by Brown, 2010, p. 505-506). These beliefs, combined with norms on many college campuses related to heavy alcohol use, can create an environment in which sexual assault is considered acceptable by group members.

In past prevention programs, putting an end to sexual assault has been looked at as a woman’s issue. Prevention involved teaching women strategies to avoid being sexually assaulted. Men were typically characterized as sexually aggressive and as perpetrators, which often led to a preconceived attitude on the part of male program participants (Brown, 2010). Engaging men in the prevention process was limited. Recently, men have been involved through bystander prevention programs, an approach which leads to preventing sexual assault and reducing rape culture by educating men to be proactive allies and bystanders (Barone, 2007). Research findings indicate that male college students who believe rape myths are less likely to take action to prevent sexual assault (McMahon, 2010). Therefore, rape myth education is a key component of bystander prevention programs. The need for prevention programs within all-male social groups, such as fraternities, sports teams, and residence hall floors, is elevated because men who socialize in these groups have been shown to demonstrate more traditional gender roles and higher acceptance of rape myths (Barone, 2007).

The purpose of the current study was to assess male college students’ rape myth acceptance and willingness to intervene against sexual assault when in the bystander role. The study focused on men who were part of all-male social groups at UW-Eau Claire, including all-male fraternities, sports teams and clubs, choral groups, and residence halls. We hypothesized that higher levels of rape myth acceptance would be associated with lower willingness to intervene against sexual assault. We also hypothesized that participants who were part of all-male groups would have higher rape myth acceptance and be less willing to intervene against sexual assault than participants who were not members of these groups.

Method

Participants

Participants (N = 90) were male UW-Eau Claire students who identified as being part of an all-male sports team, co-ed intramural teams, or were members of a fraternity, residence hall, and a control group of male students who were not part of these all-male groups (n = 44). Participants ranged in age from 18 to 28 years (M = 20.53, SD = 1.77). Twenty-eight participants were freshmen, 24 were sophomores, 21 were juniors, and 17 were seniors.

Materials

Rape Myth Acceptance Scale (RMAS)

The RMAS (McMahon, 2010) contains 19 items that measure acceptance of rape myths (e.g., “If a girl goes to a room alone with a guy at a party, it is her own fault if she is raped”). The response format for all items is a 5-point Likert scale, ranging from strongly agree to strongly disagree. A total score was obtained by calculating an average across all items. Scores above the median are considered high rape myth acceptance and scores below the median are low rape myth acceptance.

Willingness to Intervene Against Sexual Aggression Questionnaire

This 10-item questionnaire (Brown & Mesman-Moore, 2010) asks participants to imagine what they would do if they witnessed a peer committing sexual assault (e.g., “If I witnessed one of my peers going to a room alone with a guy at a party, I would try to stop it”). Participants indicated how well agreed they would respond to hypothetical situations using a 7-point Likert scale that ranged from strongly agree to strongly disagree. A total score was obtained by calculating an average across all items. Higher scores indicate greater willingness to intervene.

Marlowe-Crowne Social Desirability Scale (MCSDS)

Given the sensitive nature of sexual assault, participants might give socially desirable responses when asked about rape myths and willingness to intervene; therefore, we used the MCSDS (Crowne & Marlowe, 1960) to assess the socially desirable response bias. This scale uses 33 statements to which participants respond with an answer of true or false (e.g., “I’m always willing to admit it when I make a mistake”). A total score was obtained by summing across all items. Higher scores indicate a greater need for social desirability.

Procedure

We recruited participants from psychology classes and from all-male groups at UW-Eau Claire through contact with course instructors and leaders of the groups (i.e., athletic coaches, choral director, fraternity presidents, hall director). Course instructors and group leaders emailed an invitation to participate in the study to their students. The email contained a link to access the demographic questions and three surveys used in this study through UW-Eau Claire’s Qualtrics system.

Results

Scores on the Illinois Rape Myth Acceptance Scale were negatively correlated with scores on the Willingness to Intervene Scale (r = -.347, p < .001).

Participants with scores on the Marlowe-Crowne Social Desirability Scale categorized as high social desirability are as follows:

100% members of all-male social fraternities (M = 30.00, SD = 0.00)
54.5% athletes from UW-Eau Claire team sports (M = 21.36, SD = 4.68)
25.0% members of all-male choral group (M = 16.63, SD = 5.14)
13.3% residents of Horan Hall (M = 14.87, SD = 4.69)
27.3% control participants (M = 16.61, SD = 5.58)

Independent samples t-tests were used to examine rape myth acceptance and willingness to intervene between participants from the all-male groups and control participants.

There was no significant difference between all-male group participants’ scores on the Illinois Rape Myth Acceptance Scale (M = 2.46, SD = 0.448) and control participants’ scores (M = 2.38, SD = 0.547), t(88) = 0.79, p = 0.43.

There was also no difference between all-male group participants’ scores on the Willingness to Intervene Scale (M = 6.20, SD = 0.770) and control participants’ scores (M = 6.13, SD = 0.758), t(86) = 0.447, p = 0.656.

Discussion

In our study, we researched men’s acceptance of rape myth and willingness to intervene; because men comprise the majority of perpetrators in sexual assault they were chosen as the sample. Moreover, men involved in all-male social groups were targeted because previous research has indicated that men participating in an all-male social group have increased susceptibility to create an environment in which sexual assault is accepted as a norm (Brown, 2009). Past research has also indicated that belief in rape myth is negatively related to students’ willingness to intervene as a bystander (McMahon, 2010).

Our results are consistent with these findings: participants who had higher rape myth acceptance also reported lower willingness to intervene. These findings suggest that acceptance of rape myth limits willingness to intervene against sexual assault as a bystander. Consistent with past research in that participants involved in all-male social groups and the control group did not differ in rape myth acceptance or willingness to intervene. We found that participants involved in fraternities and athletic teams scored high on the social desirability scale; therefore, their responses about rape myth and willingness to intervene may not be representative of college men in general, or of athletes and fraternity members in particular. Given that these individuals represented half of our all-male social group participants, their high scores on social desirability may account for findings that all-male group participants did not differ from control participants (i.e., desire on the part of these participants to provide culturally appropriate and acceptable responses to questions about rape myth and willingness to intervene, as opposed to responses reflecting actual beliefs).

An observation about overall scores on the Illinois Rape Myth Acceptance Scale (RMAS) and the Willingness to Intervene Scale (WAS) are as follows:

Rape myth acceptance was positively correlated with social desirability (r = .547, p < .001). Our results did not coincide with past research in that participants involved in all-male social groups and the control group did not differ in rape myth acceptance or willingness to intervene. Men involved in all-male social groups may have high scores on social desirability due to the belief that they will be accepted as members of these groups.

These findings are consistent with the observations of Brown (2010) that men who socialize in all-male groups have increased susceptibility to create an environment in which sexual assault is accepted as a norm. Therefore, rape myth acceptance and willingness to intervene against sexual assault are negatively related, and the acceptance of rape myths is less likely to take action to prevent sexual assault (McMahon, 2010). Therefore, rape myth education is a key component of bystander prevention programs. The need for prevention programs within all-male social groups, such as fraternities, sports teams, and residence hall floors, is elevated because men who socialize in these groups have been shown to demonstrate more traditional gender roles and higher acceptance of rape myths.

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